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MONTANA STATE DEPARTMENT OF HEALTH
Communicable Disease Notes and Comments
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Martin D. Skinner, M.D., Editor

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Simultaneous Administration of Live Virus Vaccines

We have received a number of questions and comments during the past year concerning the simultaneous use of live virus vaccines, especially since the advent of the live attenuated Rubella virus vaccine. The following recommendations are from the Collected Recommendations of the PHS Advisory Committee on Immunization Practices, Supplement, Morbidity and Mortality Weekly Report, vol. 18, No. 43, for week ending October 25, 1969.

"There are obvious practical advantages to administering two or more live virus vaccines simultaneously. Data from specific investigations are not yet sufficient to develop comprehensive recommendations on simultaneous use, but a summary of current experience, attitudes, and practices provides useful guidance.

"It has been generally recommended that live virus vaccines be given at least one month apart whenever possible - the rationale for this being that more frequent and severe adverse reactions as well as diminished antibody responses otherwise might result. Field observations indicate, however, that with simultaneous administration of certain live virus vaccines, results of this type have been minimal or absent. (For example, the third dose of trivalent oral poliovirus vaccine, which is recommended during the second year of life, is commonly given at the same time as smallpox vaccination without evident disadvantage.)

"If the theoretically desirable one-month interval is not feasible, as with the threat of concurrent exposures or disruption of immunization programs, the vaccines should preferably be given on the same day - at different sites for parenteral products. An interval of about two days to two weeks should be avoided because interference between the vaccine viruses is most likely then."

The literature on this point has been best summarized by E. F. Wheelock, R. P. Larke, and N. L. Caroline in their article "Interference in Human Viral Infections: Present Status and Prospects for the Future", Progress in Medical Virology, Vol. 10, pp. 286-347, 1968.

As the PHS-ACIP Recommendations now read, poliomyelitis, measles (Rubeola), and smallpox vaccines may be given in combinations. Smallpox and Yellow Fever vaccines may also be given simultaneously.

Currently, the mumps and the new Rubella vaccines are not recommended for use in any combination, until results of such controlled investigations are available. Some, but not all, studies with mumps vaccine in combination show a diminished percentage of seroconversion to the mumps virus antigen; this question has not been completely resolved, although it appears that such combinations may work out satisfactorily.

Rubella vaccination should be separated by at least one month from administration of other live virus vaccines. We need more experience with the responses - desirable or undesirable - to rubella immunization alone in practice as well as controlled trials before undertaking controlled trials in the future to determine if the reactivity or seroconversion rates are significantly altered.